

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Detective Hall  
Montgomery Police Department  
P. O. Drawer 159  
Montgomery, AL 36101

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Cadet Thomas Bailey

9-10

Address different from item 1? ☐ Yes  
or delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 0001 2962 4998

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

2:07cv606 (ans due 10/19/07)  
(complaint order)